

## Attachment 9

### **MRS 2005 Script**

Good Morning/Hello. My name is \_\_\_\_\_. I'm calling from Health and Human Services. I am trying to reach \_\_\_\_\_. Is (s)he available?

**(For Centers only) are you a Head Start Center that does not provide child care? If the response is yes, thank the person for their time, and move on to the next provider.**

1. Do you currently have an agreement to care for children on subsidy? (Previously called Title XX; a voucher provided by the state to low income families for child care.)
2. (If they do not have a subsidy agreement) Of the total number of children enrolled, approximately how many are NOT on subsidy (AKA privately paid)?
3. For these children that are privately paid, do you have an hourly, daily, or weekly rate that you charge? Do those rates vary with the age of the child?
  - Get hourly, daily, weekly, monthly rates for infants, toddlers, preschool, school age.
4. Do you have any enrollment or activity fees? Fees for transportation or food? Fees for late payments or late pickup? Do you have a special drop-in rate? (Note accordingly.)
5. (For centers only, ask what percentage of subsidy children make up their total population. If they don't know, ask how many children they have total enrolled and approximately how many children are on subsidy. Divide, and figure the percentage.)

That's everything I need, unless you can think of something else that would impact your rates. Thank you for your time. Have a great day!

If the provider asks you if they can get a copy of the survey results, tell them that the results will be finalized in June, and they can request results from Courtney Parker @ 471-9676.